

C. Wood

THE

Poor-Law Medical Officers'

ASSOCIATION.

A REPORT

OF THE

GENERAL MEETING,

HELD AT

THE FREEMASONS' TAVERN,

GREAT QUEEN STREET,

NOVEMBER 29th, 1870.

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POOR-LAW MEDICAL OFFICERS' ASSOCIATION.

A General Meeting of this Association was held at the Freemasons' Tavern, Great Queen-street, Lincoln's Inn Fields, on Tuesday, November 29th, at 7. 30 p.m. The chair was occupied by Dr. J. Rogers, the President of the Association. There was a very large attendance of members and of gentlemen interested in social and sanitary reforms. Among them we noticed Dr. Lyon Playfair, M.P.; Dr. Letheby (Medical Officer of Health, City of London); Dr. Aldis (St. George's, Hanover Square); Dr. Barclay (Chelsea), &c.; Dr. Webb, Dr. Pinder (Camberwell); Cook (Hampstead); Maunsell (South Dublin Union); Dr. Brett (Watford); Dr. T. Orme Dudfield (St. George's); Dr. Stallard; and Messrs. Fairlie Clarke, J. Wickham Barnes (St. Pancras); James Wookey (Potters Bars); George Peters, Benson Baker (Marylebone); S. Brown, F. Johnstone, Edward Levien, F. P. Kelly, H. Seargeant, Wm. Prowse (Amersham); James Heagerty, Edward Villiers, Henry Villiers, Blanchard Jerrold, James Lewis (Registrar General's Department, Somerset House); T. Wheeler (Bexley); J. B. Woodman, and many others. Letters expressing inability to attend were read from W. H. Smith, Esq., M.P., and other members of Parliament. At the commencement of the proceedings, the President announced that he had just received the following telegraphic message:—

The Crown, Scarborough, Nov. 29th, 3 p.m.

I regret not being able to attend your meeting. I hope that the Members of the Association will not fail to assist me in obtaining the necessary information.

JOHN BRADY.

To Dr. ROGERS, *Freemasons' Tavern*.

Dr. Rumsey wrote as follows :—

Priory House, Cheltenham.

Dear Sir,—I regret very much that I am unable to avail myself of your obliging invitation to attend the general meeting of the Poor-Law Medical Officers' Association; your objects are most excellent, especially the first and second points in your programme. I believe that these reforms, with the establishment of Dispensaries, if heartily supported by your body, *will be adopted*, and will effect a greater improvement in the social and scientific status of the great majority of the profession than any other measure of medical legislation.

The Manor House, Clifton.

My dear Sir,—I can have no doubt myself that you are engaged in one of the most important movements of the day. Pauperism is not only the one great canker, but one of the chief social dangers of modern England. I have always held, and indeed have more than once published, the opinion, not only that disease, but preventable disease, furnishes one of the largest contingents to it. Practically, the work of preventing this preventable disease, must fall to the hands of Poor-Law Medical Officers.

It is impossible for them to deal successfully with it whilst things remain in their present miserable and humiliating position.

I am, dear Sir,

Yours very truly,

WM. BUDD.

To Dr. ROGERS.

The President then proceeded to deliver the following address :

GENTLEMEN,

At our meeting last July, it was announced that, as the attention of the public appeared to be generally directed to the shortcomings of the existing system of medical relief, it occurred to your Council that it was hardly necessary that meetings should be held so frequently as once a quarter, but that a greater interval might be allowed to elapse. In accordance with that resolution, it was decided that our next meeting should take place in the last week of the present

month. If, however, this conclusion had not been come to, I confess, in the presenee of the stupendous events which have transpired during the last four months on the continent, and the effects of which we are still feeling, I should have counselled even greater delay ; for it appears to me that no chance exists (or at least but a slight one) of securing such public consideration for our meeting as it is our object to obtain. Indeed, to such an extent have the columns of the daily and weekly press been filled with the reports of preparations for, and descriptions of, the encounter of hosts of armed men, that questions relating to social reforms have been either literally crowded out, or at the most have only secured the briefest possible space. Nor will the evil consequences of this terrible war cease when the miserable and unnecessary quarrel shall have terminated. I fear we are destined to see the largest portion of the ensuing session monopolised by schemes for the modification or reconstruction of those services into whose insatiable maw so much of the hard-earned moneys of the people have been during the last twenty-two years so recklessly and uselessly thrown. But though the prospects of social reforms, of which our question forms so large a section, have been obscured by the war-cloud that has burst over Western Europe, yet I would not have you despair ; for the darkest night is often followed by the brightest day, and the terrible drama which has been acted has proved at least how great have been the sympathies of the people with the suffering it has caused. On a nearer, more humble, and therefore less inviting field, may be found much misery that is preventable, and to some of which it is my desire this evening to invite your attention, with the view to its removal or diminution.

Shortly after our last meeting, in July, Dr. Rumsey, the President Elect of the Public Medicine Section of the British Medical Association, wished me to read a paper on Poor-Law Medical Relief, at the then forthcoming annual meeting at Newcastle-on-Tyne. Though fatigued with the labours devolving on me in my official capacity during our association year, I felt it would be politic to comply with his request, and for this reason : Hitherto, as you know, Poor-Law Medical Reform has been mainly advocated by gentlemen who are, or have been, connected with the Society, and

who are therefore open to the suspicion that, in seeking reform, they are influenced by selfish feelings. But I thought that, could I succeed in enlisting the sympathies and securing the active co-operation of the British Medical Association, with its 4000 members, the large majority of whom are in no way connected with the administration of the Poor Laws, but possess such large powers for aiding us by their constant, I may say daily, intercourse with our law makers, a great point would be secured. Actuated by this feeling, I went to Newcastle, and before the Section in the Town Hall gave a résumé of those statistics and the deductions which have been drawn from them, which at our successive quarterly meetings during the last two years I have brought before you. At the conclusion of my address, Dr. Burke, who occupies a position in the Registrar's Office similar to that which Dr. W. Farr holds at Somerset House, rose and in an able speech fully endorsed all that I had stated as to the benefit his country had derived from the operation of the Dispensary system. The Section was much struck with the comparisons I instituted between the medical relief arrangements that prevailed in the two towns of Newcastle and Belfast; they are as follows:—

NEWCASTLE.

Medical Officers.	Cost of Medical Relief.	Population.	Total Poor-Law Expenditure.
8.	£853.	110,968.	£43,093 0 0.

BELFAST.

18.	£3,700.	144,629.	£22,114 12 5.
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Ultimately it was resolved that the Committee which had been appointed at Oxford, in 1868, to confer with the Council of our Association, should be reappointed. This, on being submitted to the general meeting, was carried by acclamation.

The resolution which was adopted gave power to the Committee to add to their number. Now, as the Association Committee of two years ago had never been called together, it was not improbable, unless some gentleman undertook the initiative, that a similar occurrence might happen again. But I had not travelled specially to Newcastle to point out the evils of the present system and seek the aid of the Association, with any intention of allowing such an

abeyance. On my return to town, I set to work to beat up recruits for the Committee, and in this I have been much assisted by our excellent friend Dr. Rumsey; indeed, without his aid, and the use I was permitted to make of his name, I probably should not have succeeded in enlisting the support of so large a number of representative, medical, and other gentlemen. Among those who readily agreed to join the Committee, were several gentlemen (members of the British Medical Association) who had directed their attention specially to the important question of registration of disease; and as they had applied for an interview with Mr. Goschen, it was suggested that we should combine our efforts, and go to the President as a united Deputation; and, as the request for the registration of disease was based upon the proposal that the Poor-Law Medical Officers should make a weekly return of all new cases of disease which came officially under their observation, it was considered desirable to formulate certain propositions, which would cover the whole ground of Poor-Law Medical Reform. Our main reason for arriving at this conclusion was, that to go to the President of the Poor-Law Board simply for registration of disease, would be to admit that the service was in so perfect a state of organization as to permit registration to be immediately and efficiently carried out; but those members of the deputation who had studied the question of English medical relief, and were acquainted with its many imperfections, knew that such registration, under existing circumstances, would be almost worthless.

The propositions handed in to Mr. Goschen, and subsequently forwarded to the Royal Sanitary Commission, with the request that they should be printed as an appendix to their report, are as follows:—

1. That medical relief and the sanitary care of the poorer classes, with which the registration of disease is indissolubly connected, are questions which ought not to be treated independently of each other, and that they require to be settled on improved principles by a connected and consistent scheme of legislation.

2. That, with regard to medical relief under the Poor Law, it is desirable to establish in England and Wales a system of district dispensaries, similar in many respects to

that which has been for some years in operation in Ireland (of which a system of registration of disease forms an important part), with great benefit not only to the sick poor, but also to the public health and the control of pauperism ; and that, in every district, medicine and other remedial appliances be provided, under inspection, at the cost of the local authorities.

3. That, in order to secure efficient treatment of the sick poor, and adequate remuneration to their medical attendants, it is important that the area and population of medical districts, and the salaries of the medical officers, be resettled, as far as practicable, on a uniform basis, by a code of regulations or general orders having statutory force ; no local exemptions being permitted without the sanction of the central authority.

4. That the position, the tenure of office, the qualifications, and the duties of the medical officers, be determined and regulated by the same code of regulations ; and that the salaries of the medical officers be paid either wholly out of the Consolidated Fund, or partly from that Fund and partly from a county rate.

5. That a general Registration of Disease be instituted ; and that all new cases of sickness, &c. coming under treatment at the public cost, whether in union districts and workhouses, or in public and charitable institutions, be returned every week, or oftener in times of pestilence, according to a uniform system of nomenclature and record, by the resident medical officers of such institutions, and by the poor-law medical officers, who should be fairly remunerated for this addition to their labours.

6. That the above returns of disease be collected and revised by a registration medical officer, or by a medical officer of health, acting as such in every superintendent registrar's district or group of districts, so as to constitute a register for the use of the local authorities ; and that a copy or summary thereof be forwarded at stated intervals to the central authority.

7. That certain preventive duties be performed by the poor-law medical officers as deputy health officers, and that they be paid for such sanitary duties on a scale to be determined by the central authority.

8. That, in order to rectify and prevent abuses, the medical and sanitary care of the poor in districts and work-houses be subjected to periodical inspection, either by the proposed chief officers of health debarred from private practice, or by medical inspectors under central authority, or by both.

9. That, in any re-arrangement of our sanitary organization, resulting from the inquiry of the Royal Sanitary Commission, it is desirable that the foregoing propositions be embodied.

To the first proposition no possible objection can be taken. As regards the second, it embodies certain of our objects, some of which have been already conceded, as far as the metropolis is concerned, but which we hold to be equally necessary for the provinces. The principles contained in the third we have also repeatedly contended for; indeed, our objection to the present system is based upon the insufficiency and inequality of the stipends, and the total want of discrimination and judgment displayed in apportioning the population and area of districts.

The first part of the fourth proposition equally commends itself to favourable consideration and approval. As regards the latter part, the source from which the stipends should be derived, viz. either wholly from the Consolidated Fund, or partly from that and partly from a County Rate—the grounds on which I advocate this alteration are as follows: 1st, the unequal and limited incidence of local taxation; 2nd, the migratory character of pauperism, which has ceased to be merely parochial; 3rd, because sickness amongst the poor should be a national charge, as it cannot be localised, as those epidemics which strike first and hardest on the poorest classes frequently spread over extensive tracts of country; 4th, because epidemics, when occurring amongst the poor, are, I should suppose, entitled to at least as much consideration as when they break out amongst cattle—and the ravages of cattle plague have, as you know, been compensated by a rate levied on the whole county; 5th, because illness among the poor in one part of the country requires the same highly skilled labour and outlay on medicines to treat it successfully as in another; 6th, because the principle of partly paying the charge from the

Consolidated Fund having been conceded, no valid objection can be made against the whole being defrayed from the same source—especially as uniformity of treatment can be secured only by the pecuniary provision being placed on a recognised scale, and drawn from a common source; finally, because local opposition to legitimate expenditure would be at an end, if the whole community contributed equally, upon a basis determined by a central authority.

As regards the fifth proposition, I urge the Association to support it, not only because it would render a signal service to the community, by giving early warning of the outbreaks of epidemics, and to science, by affording a clue to the causation and topography of certain obscure forms, and notably of hereditary disease; but also, because, if adopted, it would be the first step to official recognition of the position which Poor-Law Medical Officers ought to hold, viz. that of Health Officers, in connection with, and under the direct control of, the State.

The sixth proposition distinctly formulates that which I have just referred to, by suggesting that certain additional duties should be performed by the Poor-Law Service. This, if adopted, would practically place them in the distinct position of Health Officers.

You may have read, in the published reports of the deputation, that I urged, as a preliminary to the adoption of sickness registration, a complete recast of the whole service. Having been instrumental, with others, in bringing forward the propositions, it would have been unreasonable and inconsistent for me to take any other course;* but, though still holding that opinion, I strongly advise that the Association should throw no obstacle in the way of this reform, even though it be effected under the imperfect Poor-Law arrangements at present in force. I am satisfied that no attempt will be made to impose on you increased obligations without additional remuneration. The public and

* How would it be possible for any reliable registration of disease to be effected in such huge districts as that into which the town of Birmingham is divided? In No. 2 district, the medical officer attended 7420 cases of sickness, and 77 midwifery patients. In No. 4, 7341 cases, and 127 midwifery patients, during the year which ended March 25th, 1870. These officers, in addition, had to supply and dispense all medicines

the House of Commons know fully how inadequately your services are requited. As regards the amount which should be paid for such additional labour, the scheme I would suggest, if adopted in its entirety, would involve the necessity of returning each week to the Health Officers of the town, county, or part of county, not only the gross number and character of all new cases of disease, preventable or otherwise, but the existence of nuisances, or other things prejudicial to public health, which might be observed in the Medical Officer's district. If the area and population in urban and rural districts were adjusted, such reports or returns might be paid for by a definite and equal amount; but until such be the case, I see no other solution of the difficulty, save a graduated fee, the lowest sum being 2s. 6d. from that rising to 10s. 6d.; the variation in amount to be determined upon a recognized principle by the central authority. The fee for the registration of disease, and for sanitary reports, like the rewards for vaccination, should be a government charge.

You are aware that, in my last address, in briefly referring to the Report of the Poor-Law Board then just issued, I stated that I would at this meeting direct attention to the medical section of it, with the view of exposing the numerous fallacies which it contains; and as a large portion of it was occupied by an attempt to discredit the Irish system of medical relief, by making out that it was something totally different from what its advocates had asserted, I forwarded a copy to Dr. Maunsell, an Irish Dispensary Physician, who has devoted considerable attention to Poor Law questions, and requested him to give me his opinion on certain marked passages. I will now read you his reply.

“I find that the mean number of paupers in receipt of out-door relief in England was 784,906, and of in-door, 157,740; that is, over six times as many received out-door as did in-door relief; while in Ireland, 288,953 received in-door, while but 50,257, or less than one-fifth, received out-door relief. I attribute this discrepancy to the fact, that as the vast majority of the out-door cases are those of sickness, they come under the Medical Charities Act in Ireland, while in England they become cases of out-door relief. To assimilate the numbers, the 775,327 dispensary cases ought to

be added to the 50,257 for Ireland. Now let us see the economy of it.

Rate per head out-door relief, England, £4. 5s. per annum.

Ditto ditto Ireland, less than £1 ditto.

“The expenditure for out-door relief being £48,184 for 50,257 paupers; for those relieved under the Medical Charities Act (number 775,327) the expenditure for medical officers, apothecaries, midwives, medicines, medical appliances, rent of dispensaries, fees for vaccination, registration, &c. was £123,713, or something over 2s. 6d. per head. In fact, it appears to me to come to this: in England, under your system, you divide the ready-made article under two heads, the indoor paupers which costs you £8 10s. per annum to support; the out-door paupers, £4 5s.; that these latter are augmented to an inordinate degree by the want of a Medical Charities Act, which would enable some effort to be made to stay them on the threshold of pauperism; that is, when it arises from sickness. This we have, and this we apply, and do so efficiently at the cost of 2s. 6d. per head; and the consequence is, that, while our health and strength are improved, and thousands of us are not demoralized by considering ourselves paupers even in name, our rates are but 2s. 11 $\frac{3}{4}$ d., whilst yours are 7s. $\frac{3}{4}$ d. per head of the population.

“In page 48, ‘another important distinction is to be borne in mind; it is, that whilst in England a medical order is treated like any other order for poor relief, and the recipient is at once counted as a pauper, in Ireland the receipt of a medical order does not entail any such result.’ There does not appear to be much cause for congratulation on that score; you call it out-door relief, and make them paupers at a cost of £4 5s. a head; we call it medical relief, and do not demoralize them by making them paupers, at a cost of 2s. 6d. per head. I call this per head, as I have divided the expenditure on dispensaries by the total number of tickets; this large class alluded to differs therefore merely in name, and tells very much in our favour, both socially and economically.

“In page 50, it says ‘that, it is evident that a much greater proportion of sick paupers are required to come into

the workhouse hospitals in Ireland with its dispensary, system, than in England without it.' It argues thus, because it chooses to say, on whose authority I don't know, that the sick poor admitted into the Irish workhouses in 1868 numbered 112,071; out-door poor, 50,257. Now, if you turn to page 17 of the Irish Poor-Law Commissioners' Report, you will find, after the year 1868:

'Total number admitted in sickness,	55,607.
'Number admitted who were not sick,	185,237.

'Total number admitted during the year, 240,843.'

"It attributes this circumstance 'to a more strict state of the law, which, in the case of the able-bodied, prohibits out-door relief,' &c. *There is no such law.* 'And to the necessity of removing the sick poor from their wretched homes, where there would be no chance of recovery.' This is very pretty writing, but it is not the fact. If the patient chooses to remain in his home, we cannot remove him against his will, *and still our death-rate is less than yours.*

"With regard to 'the ready access to gratuitous medical attendance, and the serious additional charges it would entail on the public burdens.' Has it done so in Ireland with the present faulty arrangements? With regard to 'its pauperizing tendency, by diminishing self-reliance,' &c. Is not that exactly what it prevents? in contradistinction to your system, which makes every poor person who cannot at the moment pay a doctor, a pauper.

"In page 51 they assume, 'that, because 50,257 persons only appear on the lists as out-door paupers, all the persons relieved under the Medical Charities, 775,327, could pay, and are not paupers as they would call them. I grant you that a great number of them could pay something, but not to such an extent as would operate in any such degree as they would have you to suppose, as a transfer of patients from the private to the public practitioners; besides, this is merely a bugaboo to enlist practitioners against the system. Of course, the faults of our system are not going to be adopted by you.

"This specious argument comes next: 'There are few medical men in the rural districts in Ireland, while in Eng-

land, on the other hand,' &c. and it takes the whole of Ireland, and compares it with London. On this subject you might as well correct them. It is true that in Ireland there are 2410, and that 949, or three eighths, are Poor-Law Medical Officers. The number of medical men in England and Wales is 10616. You appear to have 623 Unions; and I imagine, if you count the medical officers, they bear a very close proportion to ours. Next they say, in London alone there are 3228 medical practitioners, or one to every 1000 of the population. Now it so happens that in Dublin and its environs there are 500 practitioners, and the population is 412,053, or more than one to every 1000 inhabitants; but if you deduct 3228 from the total of English medical men, you have but 7000 for the rest of England and Wales. Take Churchill's Directory, and look at the local list, with the towns and villages where medical practitioners reside. Birmingham shows 250; Brighton and Bristol, 100; Liverpool, 300; Manchester, 300; and many of 100, 80, and 50; now, if you deduct these from the remaining 7000, I think you will find that there are just as few medical men in the rural districts of England as there are in Ireland.

"I do not know to what extent medical clubs exist in England; but I am very much under the impression (from what I have seen and read) that both the poor and club patients are, under your starved English system, extensively attended by unqualified assistants. I see, on page 58, that the number of medical officers in England and Wales amounts to 3,906; total medical men, 10,616. Ireland, 949; total of medical profession, 2410. There is not much discrepancy to boast of then.

"I think I have now touched on most of the subjects contained in your Poor-Law Report to which you directed my attention, and which has evidently been manipulated to serve a purpose."

Whilst on this subject, I may as well inform you that, in 1852 (the date of the introduction of an efficient system of medical relief in Ireland), the gross expenditure on poor relief was £1,099,678, or 1s. 7d. in the pound, inclusive of medical relief, which was then only £54,289; in 1869, gross relief had fallen off to £817,772, or 1s. $\frac{1}{4}$ d. in the pound, inclusive of medical relief, which has been gradually in-

creased until it has become £123,718 on the medical charities only, and a total of £133,000, inclusive of salaries and drugs, for the Irish Workhouses. There are three ways in which the Irish Commissioners state that Poor-Law expenditure may be diminished: "by the improved sanitary condition of the people, and consequent decrease of sickness; by a decrease in the applicants for workhouse relief; and, lastly, by a reduction in the price of food." You see they very properly put the preservation of the health of the poor in the foreground. In the two Dublin Workhouses, in 1852, there were but two medical officers and an apothecary for each, at salaries of £100 respectively; now there are three in the North and four in the South, and apothecaries, at £150 each; and yet the expenses have diminished.

Reverting to the Annual Report, on page 49 will be found the following:—"In England, the instances are comparatively few in which persons receive medical relief only; nearly all here who are attended by the Poor Law Medical Officers requiring further relief as well." Believing this statement to be generally opposed to what really does happen, I have made extensive enquiries in every county of England and Wales, and find that, as I suspected, large numbers of such poor are attended who have no other relief whatever. I will quote from the letters I have received: "For every pauper requiring relief, I attend four or five requiring medical relief only, and whose names I never even enter in my medical relief book." "The instances in my district of those who have medical relief only, would be five out of six or more." "It is very common indeed to have an order for medical attendance on the wife or children, the husband being in work at the time, and receiving no further relief." "It is not borne out by my experience, as a great number of poor receive medical attendance only." "I can easily understand that the reports furnished to the different boards of guardians may appear to confirm the first statement. It is the practice of many poorly paid officers in rural districts not to enter on the weekly report the names of persons not recommended for extra relief, especially children. Many cases are attended in this way without orders, and never come under the notice of the relieving officer." I could make extracts of a similar character from a large num-

ber of letters. On the same page I find another assertion : "The services of the Poor-Law Medical Officers are strictly limited to the pauper class." I will again quote from letters : "I should say decidedly that, in my experience, the services of the Poor-Law Medical Officers are *not* strictly limited to the pauper class." "My services are frequently ordered and given to persons who neither require nor receive further relief ; nay, more, whom the board pronounce able to provide additional relief for themselves. I have frequently to attend ordinary illness, while midwifery orders are refused on this score." "I frequently thus attend small shopkeepers, and the servants of farmers and good tradesmen, even farmers having small holdings." "I have been repeatedly ordered by the relieving officers to attend persons not on the list of paupers ; indeed, I am obliged to attend when any one desires to have my services gratis."

At the aggregate meeting of medical officers, in June, 1868, the late Dr. Colborne said, "not only do nearly the whole of the rural labouring population, but labourers in the direct and immediate employ of the rich and distinguished, even of Cabinet Ministers, Peers of the realm, possessors of fabulous wealth, come upon us for themselves or families as patients. Further on, he stated, "this I know to be true of at least one half of England and Wales." The letters which I have received tell me that it is equally true of the whole of the country. There is, however, just enough truth in the statements to enable the office to put them forth as the rule, when in reality they are but the exceptions.

I would not, however, have you suppose that, in exposing the fallacies in the last Annual Report of the Poor-Law Board, I seek thereby to diminish the facilities for medical relief to the poor. I am satisfied that those facilities are not so great as they should be, inasmuch as they are now rendered by medical officers under a galling sense of injustice ; and as it is not given to the best of us to pull against the stream continuously, it must happen, under the existing system, that injury is inflicted on the sick poor, who can only secure imperfect medical attendance, and increased cost on the ratepayers, who have to meet the consequences of such unavoidable neglect : this the higher death-rate and heavy local taxation in England and Wales clearly exhibit.

On page 51, "The foregoing facts prove that the difference between the medical practice in the two countries is by no means occasioned by Poor-Law regulations," &c. I contend, on the contrary, that the difference in favour of Ireland is entirely traceable to the admirable regulations which, with few exceptions, have been there carried out. There the districts are fairly equalized; salaries are much larger and placed on a uniform system; all drugs are found; and the dispensary physician can rely, in the performance of his duty, on the support of the Commissioners. Here, on the contrary, there are regulations (called general orders), it is true; but they are never enforced. Salaries are fixed by guardians on no principles whatever, even in the same Union;* districts are assigned to officers (with the sanction of the Poor Law Board) of such area as renders it physically impossible that the duties can be done. With the exception of the metropolis and a few large towns, all drugs are furnished by the medical officers. What can be said for regulations which have sanctioned 664 districts, exceeding 15,000 acres; 73 districts which extend seven miles from the medical officer's house; 204 districts, exceeding 15,000 persons; that 627 districts should be held by 291 medical officers; that 266 medical officers should attend from 1000 to 10,000 patients annually, altogether making up 1511 appointments contrary to the rules and regulations of the Poor Law Board, which, until quite recently, invariably crushed a medical officer if he dared to make complaint, however legitimate, of any wrong-doing, and which has led to a heavier mortality and a positively profligate (because preventable) expenditure on poor relief;† and yet

* Dr. Griffin's analysis of Lord Elcho's returns showed that in sixteen Unions the stipends of the medical officer ranged from 8d. to 1s. a patient; in 239, from 1s. to 3s.; in 348, from 3s. to 7s.; in 51, from 7s. to 16s. per patient. Salaries in England, with all drugs to find, average £49 only; in Ireland, with nothing to find, £90. Earl Devon, before the Sanitary Commission, asserted that the average salary was £68 a year. This is on the assumption that the whole sum returned in the medical relief column of the Poor-Law Board's Report is distributed amongst the medical officers; which, however, is a gross inaccuracy.

† The analysis of Mr. W. H. Smith's returns shows that the average rate of mortality during the six years ending 1868 was, in

England,	1 in 43	of the population.
Scotland,	1 in 44	" "
Ireland,	1 in 60	" "

Whilst the average annual mortality from preventible disease, was, in

I find that Earl Devon, ex-inspector, secretary, and president though he be, in his evidence before the Sanitary Commission, had the intrepidity to assert "that, subject to a few exceptions which the necessity of the case had rendered necessary, and which are sanctioned in each individual instance by the Poor-Law Board, the area is 15,000 acres, and the population 15,000." I challenge the noble Lord to produce his proof of the official consideration of, and interference with, the ideas of guardians respecting medical relief which he claims.*

Here let me quote from a letter I recently received, as it epitomises the whole question and its results. "If we have bad cases, there is no provision for a second opinion; for, as the law now stands, a consultation must or ought to be had in all surgical cases, at our own cost, or the guardians can repudiate the fee; our pay is insignificant, and our districts too large; for instance, an outlying district with a church is partly in my poor law district and partly in another, and

England, one fourth of the total mortality, and 1 in 190 of the population.

Scotland, " " " " " 1 in 194 " "

Ireland, one *fifth* of " " " " 1 in 308 " "

Whilst the estimated population in England in 1868 was 21,649,377, £272,000 only was expended on medical relief; gross relief for the year costing £7,498,059.

Population.	Medical Relief.	Gross Relief.
Scotland, 3,188,135.	£32,858.	£863,202.
Ireland, 5,543,285.	£131,000.	£829,521.

The coincidence of the amount of yearly expenditure on medical relief, in England and Scotland, with their comparatively large outlay on gross relief is so striking as to need no comment.

* The total number of Districts in England and Wales, where the acreage and population exceed the limit of the General Orders of the Poor-Law Board, is as follows:—

EXCESS IN ACREAGE.

Above 15000	Above 20000	Above 25000	Above 30000	Above 35000	Above 40000	Above 45000	Above 50000	Above 60000	Above 70000	Above 90000	Above 100000	Total.
355	127	81	31	18	11	15	12	8	4	2	1	664

EXCESS IN POPULATION.

Above 15000	Above 20000	Above 25000	Above 30000	Above 35000	Above 40000	Above 50000	Above 80000	Total.
98	48	28	15	5	9	1	1	205

is five miles away from either of us. The number of new graves in that churchyard is something shocking ; it is prematurely filled. The people are too far off to seek medical assistance early ; the medical men too far off to render it properly. Five miles, you will say, is not far ; but the country is very difficult, and that is equal to distance : *it is time*. I feel certain many of the tenants of those graves ought to be alive, and would have been, if a medical man had been within reach ; one I know, and that was a most valuable life. He was a very hale strong man of forty, the father of a large family ; he fought against illness till he was dying. I was sent for, but it was no use. He said to me on my arrival, *I should have sent to you before, but you be so far off*. He died within a day. The family and widow are not paupers yet, but they soon will be. His life was lost for the want of medical attendance. Often, indeed, have I thought of this poor man with great regret ; and always, when I pass by that over-crowded churchyard in a beautiful open country which it is, do I look at all those graves with sadness, and I wonder how many of those lying there would have been alive had they been properly attended to. The system is bad, we are over-worked and under-paid.”*

Another correspondent writes as follows : “ Let me state a case of false economy that occurred about three years ago. A man out of work was applied to by the relieving officer, by order of the Board, for repayment of 10s. fee, and 3s. expenses, incurred in his wife’s confinement. This was only on the third day after it. The note was accompanied by a threat of committal to prison in case of non-compliance. He became alarmed, and at once absconded. The fright made his wife very ill, and she and her family have been living at the expense of the union ever since. In further illustration of parsimonious folly in the treatment of the sick-poor, I may mention the case of a man who died of pneumonia, where I have no doubt his life might have been saved if proper care had been taken of him ; he had lost his

* Since I received the above letter, I have looked over the annual returns of poor rate in the union where this gentlemen resides, and find that for years they have been exeptionally heavy. Last year they amounted to 9s. 8d. per head of population. The average throughout England and Wales being 7s. 3d.

wife, and the neighbours feared that he had fever ; he had no nurse, and lay from one of my visits to another without food or medicine ; and when at length, with difficulty, I procured a nurse, she left at the end of a day, on learning she would only be paid 2s. 6d. a week. The man's four children have ever since been supported by the parish."

"Another man, also a widower, with abscess of the thigh, died and left six children wholly dependent on the parish. I believe, with proper nursing and nourishment, he need not have died ; but all my representations failed to procure either."*

These are by no means solitary instances. All over England and Wales, facts as striking as those which I have just now related are of weekly, I may say daily, occurrence. I take it I have proved that they are due, not certainly to *poor-law regulations*, but to the *absence of all but the semblance of them*.

But you will ask, is there any prospect that the attention of the Legislature will be directed to our preposterous poor-law system with the view to reform ? I answer, first, that Mr. W. H. Smith, M.P. (one of our honorary members) has placed a notice on the paper that he will, early next session, call attention to the administration of poor relief in the metropolis, and move the appointment of a Royal Commission. I regret that his notice of motion has been so framed as to exclude the rest of England and Wales. Still, though thus limited, a commission honestly determined to gain information would lay bare the vicious arrangements in our local and central administration, and so effect a large public service. I therefore urge you to press on all Members of Parliament whom you may know, the importance of Mr. Smith's motion, and beg them to support it. Should you be met by the remark that, if carried, it might embarrass the Government, say that poor-law questions have never been considered of such importance as to jeopardise, only to inconvenience, an administration ; and that without Parliamentary pressure, the department will rest contented with the *status in quo*, and no change of a beneficial character will ever even be attempted.

* The poor rate in this union is 9s. 10½d. per head of population.

I have secondly to remind you that our friend Dr. Brady has resolved to introduce a bill having for its object such reform in medical relief as will place the service on a more satisfactory footing ; and, in order to secure a favourable consideration when it comes on for second reading, has pointed out, through the medical press, what kind of information will best suit his views. At present, as you too well know, guardians believe that they best serve their own and their constituents' interests by making the cheapest possible bargain with their medical officers. In this false view of economy, they have either been supported, or at least left undisturbed, by the Poor-Law Board, which almost seemed to look to them for enlightenment. To obtain facts to show how much they have been in error, is what Dr. Brady requires. I therefore beg of you to put into his hands or mine any such information as will exemplify the evil consequences to the community that have resulted from the faulty arrangements which have been permitted to exist in all matters relating to the care of our sick poor. I have given you cases in point above. Can you not each of you from your own experience furnish others ?

In conclusion, allow me to congratulate you on the signal success which has hitherto attended our efforts ; not only are our ranks continually recruited by the accession of members of the poor-law service, but many gentlemen (the elite of the profession), Members of Parliament, distinguished political writers, and others, support our cause, and, in the press, on the platform, and in Parliament, are prepared to urge that the objects for which we strive shall be conceded. Can it be doubted that yet a little while and their complete realization will be achieved.

At the conclusion of his address, the delivery of which had been repeatedly interrupted by cheers, the President resumed his seat, amidst the acclamations of the meeting.

After a brief interval, the President again rose and announced that he had received upwards of 90 letters from medical officers, controverting the mis-statements of the Poor-Law Board in their last annual Report ; some of these were so interesting that he hoped they would excuse his reading further extracts from them.

Cloughton, near Scarborough, Nov. 26.

Dear Sir,—I have only held my present appointment three months, and have received already three overseers' orders to attend persons not receiving ordinary relief. The first was a small farmer, about five miles away, suffering from gastric fever. I paid him six visits, and supplied medicine. The second, the child of a labourer, three miles off, scarlatina, four journeys and medicine. The third, four miles off, four journeys, &c. I have the Scalby district of the Scarborough Union, population 2,000, acreage 17,407. The poor here are well cared for, and the medical officer well paid; contrasting remarkably with the Fylingdale's district of the Whitby Union, which I recently resigned, where I only received £7 10s. a year; although the present district only exceeds it by one-third in population and acreage, and I have only about twice the work, I receive £80; and yet both those appointments purport to be under the same central controlling head. You may make what use you please of this letter.

I remain, yours respectfully,

R. WYLLIE.

To Dr. ROGERS.

2nd District of Colchester Union.

Dear Sir,—In reference to the statement on page 49, Poor-Law Board Report, I have the honour to inform you that 256 patients were attended by me last quarter; of these 144 received medical attendance and medicines only. The remainder, 112, besides receiving professional services and medicines, had orders for extra medical relief as well, or were already in receipt of it, from old age or chronic illness.

Believe me,

Yours faithfully,

Dr. ROGERS.

G. BROWN, M.D.

..... Somersetshire, November 20th, 1870.

Dear Sir,—I beg to forward you some extracts from my medical relief book, which is laid every week before the Guardians of the Union.

Yours truly,

M. S.

Wednesday, August 24th, 1870.

A Broken Leg Case, &c.—I hereby certify that I consider Richard Roberts, 45 years old, of —— to be half starved, and that, in consequence of the serious injuries he has sustained, there is great risk of his death, or, if he recovers, that he will become a lasting or life charge on the Union.

P.S.—I am informed that four loaves of bread only have been allowed to keep this man, his wife and child, since last Saturday week, when the accident happened, and that nothing can be given till Saturday next. Gentlemen, judge for yourselves if you consider this sufficient, or rather if you do not consider it to be a system of slow starvation.

6th September, 1870.

This man and his family require more support; he also needs a pair of crutches, and a web foot-and-leg supporter.

September 27th 1870.

The crutches, extra food, and leg suspender, not yet supplied, although ordered three weeks ago. Serious consequences may result therefrom.

N.B.—The crutches were never granted by the Board, and a pair only obtained through the kindness of a friend with whom the man's daughter is living as a domestic servant. M. S.

November 8th, 1870.

Another Case of Fracture.—Pint of beer daily, was ordered last week; has not been given. He is labouring under Œdema (a dropsical affection) of both lower extremities; this is the result of poverty of blood, from insufficient food. The order for the beer should not have been countermanded.

November 22nd, 1870.

2nd note.—It is very much against the interest of all parties not to have given the beer, which, though ordered for the last three weeks, has never been supplied.

November 22nd, 1870.

A Case of Fever.—Beer was ordered last week, but not given; it is greatly needed; in my opinion, it is much against the patient, the doctor, and the Board, not to grant it.*

Another gentleman writes:

“When I first held a parish appointment, I treated my cases to the best of my power. The result was (not to mention my labour which was for 14 or 15 hours daily), I actually spent more than my total emoluments. I lost health, and became a wiser man. The result (as might be supposed when so great a discrepancy exists between work and pay) is, that many cases which might be cured are in receipt of constant relief, particularly two, with families respectively of 9 and 11; and the majority of all that come under my care might, under liberal medical arrangements, be got well in far less time than they now are.

In my district, if an ample salary were given, to do the visiting and dispensing properly would be simply impossible; and I fully coincide in the opinion that the entire removal both of the cost and labour of dispensing from the surgeon is the first essential of Poor-Law Reform. I should then be ill paid; but I could do my duty, at present I cannot. To say that there are no complaints, means nothing. The poor do not complain, if you are kind to them; and if they did, it would be hard to prove neglect, if they had been seen often enough.

I have often thought of resigning, as it lies heavily on my conscience to be the administrator of so evil a system; but the hope that a morrow is dawning when the medical officer will be enabled by law honestly to do his duty, is the only reason that

* The poor-rate in this Union is 7s. 4d. per head of population.

reconciles me to office. In the meantime I can sometimes do some good."

The President then stated that he had many letters of a similar character; but, to save time, he should now call on Mr. James Lewis of the Registrar General's Department, Somerset House, to state his views on the important subject of registration of sickness.

Mr. JAMES LEWIS, after briefly referring to the need of sickness returns as being so far admitted as to render a demonstration of their utility a matter of supererogation, observed that Dr. Rogers, in his address, had laid stress upon the desirability of co-operation between the Poor-law Medical Officers and the British Medical Associations; and that this was a point which he had especially kept in view in the remarks he intended to offer for consideration that evening. He did not enter into details upon any other part of a scheme of disease registration than that in which the Poor-law medical officers were mainly interested, and confined himself strictly to the subject of returns of sickness prevailing among the pauper population.

The medical relief books contained the information which it was sought to utilise; and the point for consideration was how those might be made available for the use of the guardians or the local medical officers of health (where such functionaries existed), and for supplying certain information for State purposes, without taking them away from the custody of the Poor-law medical officers themselves, who ought to keep them for frequent reference—to note the termination of cases, and to ascertain whether a case coming under treatment was a new case or an old one, for example. He could not approve of any scheme which entailed upon the medical officers the copying out afresh, weekly or monthly, the full details from their relief-books for any purpose whatever. Yet he was so convinced that the local health officer ought to be in full possession of all the knowledge about the health of his district which the Poor-law medical relief-books afforded, that he had thought over the matter with the object of seeing whether this difficulty about copying could be obviated. He therefore suggested the adoption of the simple method of transfer paper by which tradesmen made copies for their own use of bills given to their customers, which would enable the medical officers, without the least additional trouble, to make one, two, or more copies of the entries in their relief-books; and they could thus supply both the guardians and the local health officers with copies, if necessary, all the while retaining the books in their own possession. If this suggestion were adopted, the difficulty in the way of making the detailed medical returns more widely useful for local purposes than at present would be solved. He exhibited a specimen of duplicate return made in this way to show the feasibility of the suggestion.

For State purposes, periodical returns, showing what diseases are prevalent throughout the country were requisite; and he had already twice recorded his conviction that it is impracticable as well as unnecessary to think of sending to a central office for frequent publication anything beyond mere summaries of local details. He proposed that the precedent set by the Metropolitan Health Officers' Association in 1857-58, and which had been, in its essential features, followed in the returns which have since been published by the Manchester and Salford Sanitary Association, by Dr. Philipson, Dr. Ballard, and others, should be followed, if a system of national sickness returns were established. This implied that the information to be sent periodically to the central office should be confined to a simple numerical statement of the new cases of certain of the graver forms of disease, mostly of the zymotic or infectious class—in fact, of such diseases as the State has an interest, on public grounds, in controlling.

He had on former occasions expressed the opinion that the summarised returns should be prepared every week by each Poor-law medical officer from his relief books, and sent direct by him to the central office, there to be published weekly, as were the London Returns of 1857-58. He exhibited a form of blank return now in use by Dr. Ballard, which exactly met, in his judgment, the requirements of the central office, and at the same time would entail no appreciable additional clerical labour on the medical officers.

The Registration of Disease Committee of the British Medical Association were of opinion that these returns should be made first in full detail to a local medical officer of health, and that only after revision by him should summaries of the details be sent by the health officer to the central office. He had therefore been led to consider how far local revision might be made compatible with that frequency of collection at the central office which he regarded as a *sine quâ non*. If we could have weekly or monthly summaries of revised local details, that would be worth striving for, partly because, by distributing labour, strength would be economised.

Local revision implied a local reviser, who is assumed to be the medical officer of health acting for a district or union. If, then, his suggestion about the transfer paper were adopted, the Poor-law medical officers could supply the health officer every week with an exact copy of their relief entries; and it would be the health officer's business, when he had got all the returns for his district complete, to send a summary of their facts to the central office straightway. This, he apprehended, to be what the British Medical Association wanted; and the plan would certainly have this advantage, that it would relieve the central office of the large proportion of labour implied by the difference between having to collect and prepare for printing, say, 700 returns, as compared with, say, 4000 returns.

Of course, it would be seen that this plan does away with

any need for troubling the Poor-law medical officers with making returns to a central office; it would leave them just as they are now, or, at any rate, would cause them no additional work. In fact, if their relief books were modified as Dr. Stallard had proposed, they would positively have less writing to do than they have now. It would, he supposed, follow that any claims which they might wish to urge for better pay would have to be based on other grounds than those of increased labour in connection with returns of diseases—on their sanitary services, for example.

What he wanted to know, however, was, having regard to the large area of some of our Poor-law unions, and the distances which some medical officers in remote parts of the country live from any given centre where the Health Officer might be located, whether this plan is compatible with a weekly return for the whole country to the central office. The Poor-law medical officers were in a position to answer this question, and he hoped they would take it into consideration.

If it should turn out that a weekly return upon this plan from the rural and remote districts was impracticable, his view was that we might perhaps get it to work on the basis of a *weekly* return from our *largest towns*, where the medical officer and the health officer would be easily accessible to each other; being content with a *monthly* return from the other parts of the country.

Under any circumstances and any plan, he wished to see only brief summaries of facts sent to the central office, whether weekly or monthly. The detailed information in the possession of the health officer, it should be his business to utilise frequently and regularly for all sanitary purposes in his district.

He concluded by urging the Poor-law Medical Officers' Association to come without delay to some conclusion as to the nature and extent of the co-operation they could and ought to afford in respect of disease returns, and the terms upon which that co-operation might fairly be given, in order that they might be prepared to act in concert with the British Medical Association upon this question as soon as the report of the Sanitary Committee was made public.

Mr. BENSON BAKER (Marylebone) proposed the first resolution, that in the opinion of this meeting it is desirable that a general registration of all new cases of disease coming under treatment at the public cost in workhouses and Poor-Law districts should be established, and that the medical officers of such workhouses and districts, as enjoying the largest opportunities of observing facts prejudicial to the public health, should be entrusted with the duty of making weekly, or, in times of epidemic, more frequent, returns of cases actually coming under treatment, and of other facts concerning the spread of disease, to the Health Officers of their respective localities. He thought that the Poor-Law Medical Officers had, not only the

best knowledge of the state of the health of their district, but also of the sanitary condition, and the best measures to be adopted to improve them, they are thus eminently qualified to act as Deputy Health Officers. He believed that the Poor-Law Board were becoming alive to the necessity of registering disease. During the late epidemic of relapsing fever, they required returns of the cases as they occurred; and now he had to send in every week a return of the small-pox cases direct to the Poor-Law Board. The early knowledge of the existence of disease of an epidemic character was fast beginning to be appreciated. But, even with a full knowledge, it was very difficult to prevent disease, unless the district medical officer had compulsory powers to remove the sick members of a family suffering from contagious disease to a hospital. The isolation of cases of zymotic disease was all-important in the sanitary care of the sick poor. He was glad to hear from Mr. Lewis that an abstract return of disease would suffice for the central office; but he could not but think it of the highest importance that the Local Health Officer, or the Dispensary Committee, should be supplied with the full details of the sanitary defects, where illness of a preventable character existed; and he did not now confine preventable sickness to the zymotic class of disease, but included those chronic affections of bronchitis, rheumatism, scrofula, consumption, and debility, which enter so extensively into the practice of Poor-Law Medical Officers. It is surely of the highest importance that District Medical Officers should take note of bad drainage, bad ventilation, impure and deficient water supply, over-crowding, and other sanitary defects. The neglect of these conditions, which are essential to develop and maintain a healthy community, render those who live under such unsanitary conditions, unfit, mentally and physically, for the exertion necessary to earn their daily bread; and ultimately they become dependent on the rates. A lower vitality is equivalent to a closer approach to death. Day is opposed to night, life to death; but even as between day and night there is twilight, so in our experience there is the twilight of health. Thousands in this metropolis live in the twilight of disease, rather than in the noon-day brightness of health; and this gloomy condition is one which it is largely in the power of guardians and medical officers to prevent, and which, for the welfare of the commonwealth, it is their duty to do.

Dr. MAUNSELL (of Dublin), in seconding the resolution, remarked that he quite agreed with the remarks of Mr. Lewis, and that in fact, his ideas were at present being carried out in Ireland, and especially in Dublin. In that city a weekly return of deaths was forwarded to the Registrar General from each Dispensary, which showed the districts in which disease was prevalent; and also a weekly return was forwarded to the Dispensary Committees of the prevalence of the various diseases in each district; this was sent on to the Poor-Law Commissioners,

and both the Registrar General and Poor-Law Commissioners communicated, and transmitted the results weekly to the sanitary officer for that city; so that he was always kept well informed of the sanitary condition of every dispensary district in the city: quarterly and annual reports were also sent in, and in rural districts, monthly reports were made, or oftener when necessary. With regard to the Board of Guardians being the proper authorities to apply to, Dr. Maunsell was not quite satisfied as to that. They had discovered, in Ireland, that in certain instances where perhaps the necessary sanitary requirements, as drainage, sinking a pump, &c. would interfere with the pecuniary interest of a member of the Board, such interference was considered to bear on the rights of property; and, as guardians were elected owing to their property qualification, it was likely to interfere with the existence of that good feeling between the medical officer and the Board of Guardians which is sometimes considered to be of even greater importance than the *health* of the poor. Under these circumstances, medical officers generally declined to take any decided steps at present. Dr. Maunsell quite agreed with Mr. Benson Baker, that it should be imperative that a general report of the district should be sent to *some* central and independent sanitary authority, that the particulars should be sent to the Board of Guardians, whom the central authority would move to action when necessary. In conclusion; he expressed his opinion that until there was some attempt at organization and consolidation of the registration, vaccination, and sanitation of the country under one head, and that the Poor-Law Medical Officers should ex-officio hold these appointments, antagonism would always take place, that would interfere materially with the working of the state machinery for health.

Dr. BRETT (Watford) said, as a medical officer he was opposed to any more work being given him to do, unless he was paid for it. He had twenty different books to keep now and instead of having any more returns to make, he thought the present ones ought to be simplified. (*Hear*). There was no doubt that the registration of disease would prevent disease; but was it their place to prevent disease? (*Loud Laughter.*) They did not find lawyers so anxious to simplify the law. It was the duty of the Government to endeavour to prevent the spread of disease. (*Hear.*)

Dr. BARCLAY (Medical Officer of Health for Chelsea) objected to the latter part of the resolution, which defined that the returns should be sent to the Health Officers. He thought they might be sent to some sanitary authority first, as the registration would be effected more quickly.

Dr. STALLARD said the British Medical Association very strongly opposed the course proposed by Dr. Barclay. He also objected to it on the ground that Poor-Law Medical Officers ought not to have more masters than they had already got. He should oppose the returns being made either to the sanitary authority or to the local officer of health, as he thought they

ought to be made to the guardians, it being from the latter that the medical officer should expect payment. The returns ought to be presented as much in detail as possible.

Dr. ALDIS, St. George's, Hanover Square, said he was very much indebted to the medical officers in his district for sending him these returns, as he found them very valuable. (*Hear.*)

Dr. LETHEBY, Medical Officer of Health for the City of London, said that he did not wish to raise a discussion of the matter; but he hoped that it would be carefully considered by those who would have to enquire into it, and that evidence would be taken on the subject; for he held that the resolution, if he rightly understood it, embraced two distinct questions; viz. the systematic registration and reporting of the diseases of the district, and furnishing information to the Medical Officer of Health of the existence of epidemic disease. The first of these questions, as his friend Dr. Barclay proposed, would be best considered by a Central Board, where the facts would be properly examined and classified; but the second was clearly a question for the immediate consideration of the Medical Officer of Health, whose duty it would be to investigate the matter as speedily as possible; and therefore he should receive notice of the existence of such disease as quickly as possible. He had proposed in his own district that the Poor-Law Medical Officers should be supplied with stamped envelopes already directed, containing a slip of paper upon which they should write the notice of the existence of disease, the nature of the disease, and the address of the patient. To this it had been objected that the Poor-Law Medical Officers were already over-worked and under-paid, and that such service should be properly paid for. He quite agreed with this conclusion; but the difficulty was in deciding who were to be the parties to furnish the remuneration, and what, in the opinion of Poor-Law Medical Officers, should be the amount of remuneration for the service. He thought, however, it had better be left with the sanitary authority, as he did not believe Boards of Guardians generally appreciated these returns. He was of opinion that the Sanitary Board with which he was connected would be quite ready to pay medical officers for this very valuable information. He thought, however, that this was really, after all, a minor consideration, as in the end the money would come out of the same pockets. They had battled over these matters in the City, and excited endless jealousies, without coming to a definite conclusion; it would be wiser he thought, therefore, to consider the two questions of the resolution separately.

Dr. SANSOM said he earnestly hoped that this Association would insist on the registration of all cases of disease, and not lend its voice to any plan which required mere excerpts from the periodic returns of sickness. No one could hold a stronger opinion than he did that additional labour should not be imposed upon the already over-worked and under-paid district medical

officers. When, together with the Secretaries of the St. Andrew's Medical Graduates' Association, the Association of Medical Officers of Health, and the Association of Poor-Law Medical Officers, he had co-operated to frame the scheme of registration which was submitted to Mr. Göschel, this feeling most thoroughly animated them all. But he considered that any plan which involved the taking of excerpts of cases of special diseases from these periodic returns would impose an additional labour on the district officer, besides multiplying possible sources of error. The full list of cases should be sent to the central authority, and the work of classification should be done at the central establishment. If Registration of Disease be taken up as a national work, it should be done thoroughly, and with a due regard to the enormous benefits which it would confer upon the community. The difference between a complete scheme, and one that is not only incomplete but replete with chances of errors of omission and of commission, is merely the question of the employment of a few more clerks.

The selection of some of the most prominent infectious diseases as materials for the statistical returns would be a very narrow proceeding. From a general registration most valuable lessons would be taught as to the localization of diseases which are not infectious, and would throw light on many obscure social problems. In nothing more than in the question of the causation of disease, is the precept valuable, that small things should never be despised. We know how the milder diarrhoea may be a precursor of a deadly epidemic of cholera. He had seen an outbreak of simple stomatitis the precursor of dangerous diarrhoea. Concerning the inter-dependence of disease, registration would elicit most valuable lessons; and the evidence of cases seemingly trivial might cause preventive measures to be put in force which would ward off a national scourge. One of the greatest boons ever given to humanity was discovered from the study of an apparently very trivial ailment. Efficient registration may tend to a discovery as important as Jenner's, concerning the antagonism of diseases; but a partial registration could be of no value in this direction.

The PRESIDENT before submitting the resolution, said that he was pleased to find that they had had so interesting a discussion on the questions involved in it. The gentlemen who were responsible for framing it were fully aware that the subject had been mooted before the Royal Sanitary Commission; and, from the questions put and answers given, it was more than probable—nay, it was almost certain—that some such proposition as that before the meeting would be embodied in their report. He then put the resolution, which was adopted unanimously.

Mr. WICKHAM BARNES, in proposing the next resolution—"That the Workhouse and District Medical Officers be appointed and styled Deputy Health Officers, and be remunerated for the proposed health returns upon a scale to be determined by the Central Authority"—alluded to the machinery of the

Poor-Law Medical Service as being the most suitable to the carrying out of Registration of Disease, and considered that the appellation Health Officer would be far superior to the term parish surgeon. He also considered their position and remuneration would be improved by the additional duties proposed to be imposed on them. Mr. Barnes then alluded to the marked improvement which had taken place in his time in the Poor-Law Medical Service, especially as regards salaries; and instanced a case in point where the medical officer received £40 a year for his Poor-Law appointment 16 years ago, the remuneration now given for the same district amounting to *nearly* £200.

Dr. BARCLAY seconded the motion, and in doing so said that he should heartily welcome the addition of Poor-Law Medical Officers to the Sanitary Staff. This view having been supported by Dr. Aldis, the resolution was put to the meeting and carried.

Dr. DUDFIELD expressed his entire approval of the plan of making the District Poor-Law Medical Officers the Deputy Medical Officers of Health in their several districts, having witnessed the great benefits derivable from the plan during the cholera year 1866, when it was carried into practice in the parish wherein he resided, Kensington. He gave statistics showing a large diminution in that year in the amount of zymotic disease, as revealed by the weekly returns of deaths by the Registrar General, as compared with previous years; and subsequent years also, he might add, when, all fear of cholera having subsided, the sanitary arrangements fell into the usual dull routine. He appreciated, fully, the advantages of an efficient registration of disease; and valuing highly the importance of early information in the case of zymotic disease, he suggested that an effort should be made to obtain daily returns of new cases of small-pox, scarlet fever, and contagious fevers. He referred to some resolutions having this object in view which the Kensington vestry had lately adopted, and which were likely to become the basis of their future system of sanitary work. Poor-Law Medical Officers were deeply interested in keeping under contagious diseases, thereby reducing their work; and he was sure they would heartily co-operate with Medical Officers of Health in so good a work. Alluding to a remark of a previous speaker, that Sanitary Inspectors were so described, *lucus non lucendo*, he remarked that these officers were just what (for the most part) the Medical Officers of Health made them. If the Chief was earnest in his work, he would make his subordinates do their duty. He had listened with satisfaction to the able and interesting remarks of the mover of the first resolution (Mr. Benson Baker); and, quite agreeing with all he had stated, he pointed out that the Sanitary Act of 1866 really provided nearly all the powers he (Mr. Baker) desired, but had been allowed in many districts to remain almost a dead letter.

Dr. LYON PLAYFAIR said he thought it should be understood that Dr. Brett only made a good-natured joke when he pointed out

that the object of the Poor-Law doctor is to cure, but not to prevent disease. In point of fact, he is right as to the existing duty; but our real object at present is to give this officer a higher aim, by making the medical man a preventive as well as a curative officer. And the imposing of this higher function would lead to the positive pecuniary interest of Poor-Law Medical Officers. As long as they belong to the mere unproductive part of Poor-Law administration, it is right that every increase of expenditure on the medical branch, as well as on all other branches of that unproductive State Service, should be jealously watched. But if you make them productive officers, exercising forces of prevention to prevent pauperism and sickness, which is the origin of so much of it, then the State will willingly pay for such important services. It is this double function which makes such pleasant relations between the State and the Poor-Law Medical Officers in Ireland. He would rather see a proper consolidation of hygienic and curative duties in the person of a Poor-Law Medical Officer, demanding and obtaining a proper salary for important work, than a system of petty payments for additional work from time to time. Nothing will conduce to this so much as the present movement, which he thought important, not only for the public interest, but also for the future *status* and remuneration of Poor-Law Medical Officers.

Dr. BRETT moved that copies of these resolutions be sent to Mr. Goschen, President of the Poor-Law Board, and to the Secretary of the Royal Sanitary Commission, with a request that he would lay them before the Commission. Dr. Aldis seconded the motion, which was also carried.

The PRESIDENT mentioned a fact that had come to his knowledge within the last two or three days. It was to the effect that, in consequence of the many abuses that prevailed under the present system, a general order had been issued in Ireland by which it was determined that medicines and drugs should no longer be purchased by the respective Boards, but that an Apothecary General should be appointed, at a salary of £500 a year, who should purchase the cheapest and best drugs for all the Unions. The importance of this measure would be seen when it was remembered that £32,000 a year was spent upon medicines. As the same abuses existed in England, Dr. Rogers urged this plan upon the attention of Mr. Goschen for adoption in the Metropolis.

Votes of thanks were then passed to Dr. Lyon Playfair, M.P., and to Mr. J. Lewis, for their attendance; and to the President, for the able and interesting address which he had delivered; after which the proceedings of one of the largest and most influential meetings of the Association terminated.